

# CRT Baseline Demographic Form

Protocol Number:   Site:     Subject:     /   / Date:

Rater:    Week:

## DEMOGRAPHICS

1. Gender:  Male  Female

2. Age:   Years   Months

3. a. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

b. If Hispanic or Latino, for each of the following, please bubble '1' for 'Yes' or '0' for 'No':

No(0)	Yes(1)	
<input type="radio"/>	<input type="radio"/>	1. Mexican
<input type="radio"/>	<input type="radio"/>	2. Puerto Rican
<input type="radio"/>	<input type="radio"/>	3. Mexican American
<input type="radio"/>	<input type="radio"/>	4. Chicano
<input type="radio"/>	<input type="radio"/>	5. Cuban
<input type="radio"/>	<input type="radio"/>	6. Hispanic or Latino, other (specify) <input type="text"/> (Max 50 characters)

(i.e. cuban american, dominican republic, other latin american, central or south american, etc)

4. Race: For each of the following, please bubble '1' for 'Yes' or '0' for 'No'. Bubble '1' for items 'g' or 'h' if participant chooses not to answer or race is unknown. For those categories with further specification, please respond to all sub-category questions. Answer 'Yes' to at least one sub-category. If sub-category is unknown, select 'Other' for the sub-category and write 'Unknown' for the specify.

No(0)	Yes(1)	Race
<input type="radio"/>	<input type="radio"/>	4.a. American Indian
<input type="radio"/>	<input type="radio"/>	4.a.a. Alaska Native
<input type="radio"/>	<input type="radio"/>	4.b. Asian (If 'Yes', please complete 4.b.1 through 4.b.7, if 'No', please skip to question 4.c.)
		<b>No(0)</b> <b>Yes(1)</b>
<input type="radio"/>	<input type="radio"/>	4.b.1. Asian-Indian
<input type="radio"/>	<input type="radio"/>	4.b.2. Chinese
<input type="radio"/>	<input type="radio"/>	4.b.3. Filipino
<input type="radio"/>	<input type="radio"/>	4.b.4. Japanese
<input type="radio"/>	<input type="radio"/>	4.b.5. Korean
<input type="radio"/>	<input type="radio"/>	4.b.6. Vietnamese <input type="text"/> (Max 50 characters)
<input type="radio"/>	<input type="radio"/>	4.b.7. Asian, other (specify) <input type="text"/>
<input type="radio"/>	<input type="radio"/>	4.c. Black or African American
<input type="radio"/>	<input type="radio"/>	4.d. Native Hawaiian or Pacific Islander (If 'Yes', please complete 4.d.1 through 4.d.4, if 'No', please skip to question 4.e.)
		<b>No(0)</b> <b>Yes(1)</b>
<input type="radio"/>	<input type="radio"/>	4.d.1. Native Hawaiian
<input type="radio"/>	<input type="radio"/>	4.d.2. Guamanian
<input type="radio"/>	<input type="radio"/>	4.d.3. Samoan
<input type="radio"/>	<input type="radio"/>	4.d.4. Native Hawaiian or Pacific Islander, other (specify) <input type="text"/> (Max 50 characters)
		(i.e. charmarro, etc)
<input type="radio"/>	<input type="radio"/>	4.e. White <input type="text"/> (Max 50 characters)
<input type="radio"/>	<input type="radio"/>	4.f. Other (specify) <input type="text"/> (Max 50 characters)
<input type="radio"/>	<input type="radio"/>	4.g. Participant chooses not to answer
<input type="radio"/>	<input type="radio"/>	4.h. Unknown

### 4.5 (80, 81) Height and Weight:

height:  ft   in weight:    lbs



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Protocol Number

Subject

5. Educational Level:

- Doctoral Degree (ie. PhD, EdD)
- Professional School Degree (ie. MD, DDS, DVM, JD)
- Master's Degree (ie. MA, MS, MBA, MEng, MEd)
- Bachelor's Degree (ie. BA, BS, AB, BBA)
- Associate's Degree Academic Program
- Associate's Degree Occupational, Technical, or Vocational Program
- Partial college training
- GED
- High School graduate
- Partial high school
- Junior high school
- Under 7 years of schooling

6. Marital Status:

- Never Married
- Married
- Separated
- Living in permanent relationship
- Divorced
- Widowed

7. Total number of children.....

8. Total number of pre-school children living with client.....

9. Number of children under 18 of whom you have custody .....

10. Current employment status of client:

- Working now
- Only temporarily laid off, sick leave or maternity leave
- Looking for work, unemployed
- Retired
- Disabled, permanently or temporarily
- Keeping house
- Student
- Other

11. Occupational level of client:

- Higher executive, bank president, judge, CPA, engineer
- Business manager, District manager, R.N., Teacher
- Administrative, Sales Rep., Travel agent, Tool designer, Insurance agent
- Clerical or sales worker, lab technician, truck dispatcher, Bank teller
- Skilled manual employee, barber, locksmith, painter, plumber, electrician, carpenter
- Machine operator, hospital aide, housekeeper, security guard, taxi driver, wait staff, stock clerk, bartender
- Unskilled employee, street cleaner, janitor, laundry worker, construction laborer, parking lot attendant
- Student
- Homemaker
- Welfare recipient, chronic unemployed



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Protocol Number

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Subject

- 12.(13) Number of months employed in the last two years..... 

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- 13.(17) How long have you lived at your present address? (number of months)..... 

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- 14.(18) How many moves have you made in the past 5 years?..... 

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**TIME LINE**

I'M GOING TO LIST A NUMBER OF EVENTS THAT HAVE OCCURRED IN THE LIVES OF MANY PEOPLE. WHEN I COME TO THINGS THAT HAVE HAPPENED TO YOU, PLEASE TELL ME ABOUT IT AND GIVE ME THE AGE AT WHICH IT FIRST OCCURRED

	NO	YES	AGE		
<b><u>SUBSTANCE ABUSE</u></b>					
18.(23) First smoked cigarettes.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
19.(24) First smoked cigarettes daily.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
20.(25) First used marijuana.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
21.(27) First used alcohol.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(85) First used sedatives and barbituates.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
23.(31) First used heroin.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
24.(32) First used cocaine.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(86) First used tranquilizers/anti-anxiety drugs.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(87) First used pain killers/other opioids.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(88) First used stimulants /amphetemines.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(89) First used Hallucinogens.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(90) First used inhalants/solvents.....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		
22.(91) First used other drugs (steriods, methadone, anti-psychotics).....	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		



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**OTHER PROBLEMS**

25.(35) First tried to stop using drugs with or without help.....  

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26.(36) First drug treatment.....  

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27.(37) First involved in illegal activities.....  

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27b.(37b) Any legal cases pending in which you could end up in jail or prison during the 8 weeks of the study?.....  No  Yes

28. Does the subject report color blindness?  No  Yes

**DRUG INFORMATION**

32.(53) Total number of **days** in past 28 that you have used the following:

Heroin..... 

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IN IV SB NA

Alcohol..... 

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30.(51) Years of regular alcohol use..... 

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Cocaine..... 

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Benzodiazepines..... 

--	--

Marijuana..... 

--	--

Nicotine..... 

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Other Drugs (steroids, methadone, anti-psychotic.....)..... 

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Protocol Number

Subject

**Technology Use Information**

- 33.(54) Do you own a computer?  Yes  No
- 34.(55) Do you have access to a computer?  Yes  No
- 35.(56) How often do you use a computer?  Daily  1 to 2 times a week  Monthly  Never
- 38.(59) What do you use the computer for?
  - Yes  No Email  Yes  No For work
  - Yes  No Games  Yes  No Bill paying
  - Yes  No Internet  Yes  No Social Networking
- 39.(60) How would you rate your computer skills?  None  Poor  Fair  Very Good  Excellent
- 42.(73) How comfortable would you be using a computer for treatment purposes?
  - Not at all  A little  Somewhat  Very  Extremely

**Head Injury Information**

43. Have you ever had a serious head injury (e.g., concussion, cerebral contusion, TBI, ect?)  Yes  No

If yes, answer the following:

How many?

How long ago was your most recent head injury?    months

Describe:

Have you ever lost consciousness during a head injury?  Yes  No

44. Have you ever been diagnosed with Traumatic Brain Injury (TBI)?  Yes  No

If YES, how long ago:    months

45. Have you ever undergone testing for a head injury?  Yes  No

If YES, what kind of testing?

- Neuropsychological testing (e.g., paper & pencil tests)
- CT Scan
- MRI
- Other:

